## NOTICE OF FEE DUE

DATE:	01-04		<u> </u>	•		
TO:	Issu	l Fee	<i></i>			
FROM:	Office of Initial Pate	ent Examina	tion			
SUBJECT:		,	,		•	
APPLICAT	ION NUMBER:	10/7	64,7	//		
Office for the	•	Please check account. If authorization	the applicati an authorizati n is not prese	on for th on is pre nt, notify	e appropriate sent, please	
□ Insufficion	ent fee by check	Crede	t Cu	rd		
□ Insufficie	ent funds in deposit a	ccount				
☐ Declined	credit card					
□ Non auth	orization for charge to	o deposit acc	count		·	
□ No fee su	bmitted per requireme	ent <sup>ra</sup>				
The correct for	ee code:	01	amount	\$	700	<u> </u>
The suspende	d fee code: 1999		amount	- \$	700	
Fee Due			amount	=\$	15	
	y questions, please co at 703-308-3642.	ontact Cynth Roch		703-306	-5430 or	